DESCRIPTION OF NCHS-CMS LINKAGE

NCHS has linked NCHS population based survey data with Medicare enrollment and utilization data collected from the Centers for Medicare and Medicaid Services (CMS). These linked survey files provide the data needed to formulate and answer vital research questions by profiling Medicare service use and assessing health care costs.

Medicare enrollment and utilization data are available for those NCHS respondents who agreed to provide personal identification data to NCHS and for whom NCHS was able to validate and match with Medicare administrative records. CMS provided NCHS with Medicare benefit claims data for 1991 through 2000 for all successfully matched NCHS survey participants.

Important notes regarding analytic issues with the NCHS-CMS linked data files can be found in Medicare Enrollment and Utilization Data Analytic Issues.

CMS linked data is available for the following NCHS surveys:

- **1994-1998 National Health Interview Survey (NHIS)**
- **NHANES I Epidemiologic Follow-up Study (NHEFS)**
- **Second National Health and Nutrition Examination Survey (NHANES II)**
- **Third National Health and Nutrition Examination Survey (NHANES III)**
- **The Second Longitudinal Study of Aging (LSOA II)**

The following Medicare enrollment and utilization files covering service from 1991-2000 are available for analytic use through the NCHS Research Data Center http://www.cdc.gov/nchs/r&d/rdc.htm:

Denominator File

The Denominator file provides data on all Medicare beneficiaries enrolled and/or entitled to Medicare benefits in a given year. Monthly information on the enrollment status of linked Medicare beneficiaries including third party payer information and Group Health Plan (GHP) enrollment information is provided. The Denominator file is fixed length and contains one record per person.

Documentation for the Denominator File is available in PDF format. The variable names used in this data file come from the suggested SAS alias variable name provided by CMS in the Denominator file documentation.

MedPAR - Hospital Stay File

The MedPAR Hospital Stay file contains inpatient hospitalization final action claim records. All Medicare Part A short and long stay hospitalization claims for each calendar year are included on the MedPAR Hospital Stay file. Each MedPAR Hospital Stay claim record includes up to 10 ICD-9 diagnoses and 6 ICD-9 procedures associated with each hospital stay. Claim record inclusion on the MedPAR Hospital Stay file is based on year of discharge.

Documentation for the MedPAR Hospital Stay File is available in PDF format. The variable names used in this data file come from the suggested standard alias variable names provided by CMS in the MedPAR file documentation.

MedPAR - Skilled Nursing Facility File

The MedPAR Skilled Nursing Facility file contains skilled nursing facility final action claim records. Skilled Nursing Facility (SNF) claims for each calendar year are provided on the MedPAR SNF file. Each MedPAR SNF claim record includes up to 10 ICD-9 diagnoses and 6 ICD-9 procedures provided association with a SNF stay. Inclusion in the MedPAR SNF is based on year of admission into the facility.

Documentation for the MedPAR Skilled Nursing Facility File is available in PDF format. The variable names used in this data file come from the suggested standard alias variable names minus the beginning text string "MEDPAR_" in the MedPAR file documentation provided by CMS.

Carrier SAF

The Carrier file (formerly the Physician/Supplier Part B file) contains final action claims data submitted by non-institutional providers. The data is largely made up of physician claim records, although the file also includes claims from other non-institutional providers such as physician assistants, clinical social workers, nurse practitioners, independent clinical laboratories, ambulance providers, and stand-alone ambulatory surgical centers. Due to the large number of carrier claim variables, CMS provides the Carrier data in variable length files. There can be multiple carrier claims per person on a file. The Carrier files are provided in the CMS Standard Analytic File format.

Documentation for the Carrier SAF is available in PDF format. The variable names used in this data file come from the suggested SAS alias variable name provided by CMS in the Carrier SAF documentation.

Outpatient SAF

The Outpatient file contains Medicare Part B final action claims from institutional outpatient providers for each calendar year. Hospital outpatient departments, rural health clinics, renal dialysis facilities, outpatient rehabilitation facilities, comprehensive outpatient rehabilitation facilities, and community mental health centers are examples of institutional outpatient providers. Same day surgeries performed in a hospital are also included in the Outpatient file. There can be multiple outpatient claims records per person on the Outpatient files. The Outpatient files are provided in the CMS Standard Analytic File format.

Documentation for the Outpatient SAF is available in PDF format. The variable names used in this data file come from the suggested SAS alias variable name provided by CMS in the Outpatient SAF documentation.

Home Health Agency SAF

The Home Health Agency file contains final action claims for home health services. Some of the information contained in this file includes the number of visits, type of visit (skilled-nursing care, home health aides, physical therapy, speech therapy, occupational therapy, and medical social services), diagnosis (10 ICD-9 diagnosis codes), dates of visits, reimbursement amount. An HHA claim may cover services provided over a period of time, not a single day. There can be multiple HHA claims records per person on the HHA files. The Home Health Agency files are provided in the CMS Standard Analytic File format.

Documentation for the Home Health Agency SAF is available in PDF format. The variable names used in this data file come from the suggested SAS alias variable names provided by CMS in the Home Health Agency SAF documentation.

Hospice SAF

The Hospice file contains final action claims data submitted by Hospice providers. The data contained in this file include the type of hospice care received (e.g., routine home care, inpatient respite care), The Hospice file contains data fields for 10 ICD-9 diagnosis and 6 procedure codes, dates of service, reimbursement amount, and some demographic information (such as date of birth, race, and sex). There can be multiple Hospice claims records per person on the Hospice file. The Hospice files are provided in the CMS Standard Analytic File format.

Documentation for the Hospice SAF is available in PDF format. The variable names used in this data file come from the suggested SAS alias variable names provided by CMS in the Hospice SAF documentation.

Durable Medical Equipment (DMERC)

The DMERC contains final action claims data submitted by Durable Medical Equipment (DME) regional carriers. Some of the information contained in the DMERC includes diagnosis (10 ICD-9 diagnosis codes), service type codes, dates of service, and reimbursement amount. There can be multiple DME claim records per person on the DMERC file.

Documentation for Durable Medical Equipment is available in PDF format. The variable names used in this data file come from the suggested SAS alias variable names provided by CMS in the Durable Medical Equipment file documentation.